OMB APPROVAL FORM D UNITED STATES OMB Number: 3235-0076 SECURITIES AND EXCHANGE COMMISSION Expires: September 30, 2008 Washington, D.C. 20549 PROCESSED ours per response..... 16.00 ORIGIN FORM D Civil Processing Section NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATIONS :xFP 1 - Z008 SECTION 4(6), AND/OR Washington, LUNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock and Series D Preferred Stock; Common Stock issuable upon conversion thereof Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) LULOF

Type of Filing: New Filing Amendment		, L				
A. BASIC IDENTIFICATION	DATA					
1. Enter the information requested about the issuer						
Name of Issuer ( check if this is an amendment and name has changed, and indic	rate change.)					
Calypto Design Systems, Inc.						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Inc.					
2903 Bunker Hill Lanc, Suite 202, Santa Clara, CA 95054	(408) 850-2300					
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Incl					
(if different from Executive Offices) Same	Same	08059202				
Brief Description of Business						
Internet Technology						
Type of Business Organization						
☐ limited partnership, already formed	other (please specify):					
business trust limited partnership, to be formed						
Month Year						
Actual or Estimated Date of Incorporation or Organization: 1 0 0 2	🛛 Actual 🔲 Estima	ted				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service a	bbreviation for State:	•				
CN for Canada; FN for other foreign j	urisdiction)	DE				
CENERAL INSTRUCTIONS						

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Serial

## Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Mentor Graphics Corporation **Business or Residence Address** (Number and Street, City, State, Zip Code) 8005 Southwest Boeckman Road, Wilsonville, OR 97070 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Pacven Walden Ventures V, L.P. and related entities Business or Residence Address (Number and Street, City, State, Zip Code) Walden International, One California Street, Suite 2800, San Francisco, CA 94111-5429 General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Tallwood II, L.P. and related entities Business or Residence Address (Number and Street, City, State, Zip Code) Tallwood Ventures, 635 Waverley Street, Palo Alto, CA 94301-2550 Check Box(es) that Apply: Promoter Executive Officer □ Director General and/or ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Derrick, Brian Business or Residence Address (Number and Street, City, State, Zip Code) Mentor Graphics Corporation, 8005 Southwest Boeckman Road, Wilsonville, OR 97070 Check Box(es) that Apply: Promoter ⊠ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Hasteer, Gagan Business or Residence Address (Number and Street, City, State, Zip Code) Calypto Design Systems, Inc., 2903 Bunker Hill Lanc, Suite 202, Santa Clara, CA 95054 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Pavlov, George Business or Residence Address (Number and Street, City, State, Zip Code) Tallwood Venture Capital, 635 Waverley Street, Palo Alto, CA 94301-2550 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Sandoval, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) Calypto Design Systems, Inc., 2903 Bunker Hill Lane, Suite 202, Santa Clara, CA 95054 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

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# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

<ul> <li>Each general and manag</li> </ul>	ing partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if in Schroech, Maximilian	dividual)				
Business or Residence Address Cipio Partners, Ottostrasse 8, D		•	Code)		
		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in Varma, Devadas	dividual)				
Business or Residence Address Calypto Design Systems, Inc., 2		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Business or Residence Address	(Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Business or Residence Address	(Number and	Street, City, State, Zip (	Code)	<del>, ,,</del>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Business or Residence Address	(Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Business or Residence Address	(Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)	· 			
Business or Residence Address	(Number and	Street, City, State, Zip (	Code)		
(	Use blank shee	et, or copy and use addit	ional copies of this sheet,	as necessary.)	

•				B. II	NFORMAT	TION ABO	UT OFFE	RING				
1. Has the	e issuer solo	l, or does ti									Yes	No ⊠
					Appendix, C		-				-0.046	700040
2. What is	s the minim	um investm	ent that wil	il be accept	ed from any	y individua.	l?		• • • • • • • • • • • • • • • • • • • •			
3. Does th	he offering	permit joint	t ownership	of a single	unit?	•••••					Yes	No
commi offering with a persons	the informal ssion or si- g. If a perso state or state s of such a l	milar remu on to be list tes, list the broker or d	neration for ted is an ass name of the ealer, you r	or solicitati sociated per le broker o	on of purc rson or ager r dealer. I	chasers in nt of a brok f more thar	connection ter or deale tive (5) p	with sales r registered ersons to be	of securi with the S listed are	ties in the EC and/or		
Full Name	e (Last name	e first, if in	dividual)									
Business o	or Residence	Address (	Number and	l Street, Ci	ty, State, Z	Cip Code)						·
Name of A	Associated E	Broker or D	ealer									·
States in V	Which Perso	n Listed Ha	as Solicited	or Intends	to Solicit P	urchasers					<del></del>	
(Check "	'All States"	or check in	idividual St	ates)								. 🗌 All States
[AL]	[AK]	[AZ]	{AR}	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Name	[SC]	[SD]	(TN)	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
i an ivanic	(Dust hann	- 11131, 11 111	arriouur)									
Business o	or Residence	Address ()	Number and	l Street, Ci	ty, State, Z	ip Code)	_					
Name of A	Associated B	Broker or D	ealer		<u> </u>	<del></del> ,						
	Which Perso					urchasers		<u></u>				
	'All States"			•		• • • • • • • • • • • • • • • • • • • •		••••••			• • • • • • • • • •	.   All States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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	(Last name			,								[]
· <del>··</del> ·												
Business o	r Residence	Address (1	Number and	l Street, Ci	ty, State, Z	ip Code)						
Name of A	Associated E	roker or D	ealer		<del></del>		· ·		·			
States in V	Vhich Perso	n Listed Ha	as Solicited	or Intends	to Solicit P	urchasers		<del></del>				
(Check "	All States"	or check in	dividual Sta	ates)								. 🗌 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	(OR)	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security \$0.00 \$6,500,000.01 ☐ Common ☐ Preferred Convertible Securities (including warrants) \$0.00 \$0.00 Partnership Interests \$0.00 <u>\$0.00</u> \$0.00 Other (Specify \_ \$6,500,000.01 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases Accredited Investors 13 \$6,500,00<u>0.01</u> Non-accredited Investors 0 \$0.00 Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A \_\_\_\_\_\_ Rule 504 ..... Total ...... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees П \$0.00 Printing and Engraving Costs \$0.00 図 Legal Fees. \$50,000.00 Accounting Fees \$0.00 Engineering Fees. \$0.00 Sales Commissions (specify finders' fees separately)..... П \$0.00 Other Expenses (identify) blue sky filing fees \$800.00 ☒ Total..... \$50,800.00

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES A	ND U	JSE OF	PROCEEDS		
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part gross proceeds to the issuer."	C - Question 4.a. This difference is the "ad	uste			<u>\$6,</u>	<u>451,983.63</u>
	Indicate below the amount of the adjusted gross proof the purposes shown. If the amount for any purpose to the left of the estimate. The total of the paymer issuer set forth in response to Part C - Question 4.b.	ose is not known, furnish an estimate and check that listed must equal the adjusted gross proceeds	e bo	x			
	issuer set total in response to rait e Question 4.0			Ó Dir	rments to officers, ectors, & ffiliates		Payments to Others
	Salaries and fees			\$0.00	. 🗆	<u>\$0</u>	.00
	Purchase of real estate			\$0.00	. 🗆	<u>\$0</u>	.00_
	Purchase, rental or leasing and installation of	machinery and equipment		\$0.00		<u>\$0</u>	.00_
	Construction or leasing of plant buildings and	facilities		\$0.00		<u>\$0</u>	.00_
	Acquisition of other business (including the va	alue of securities involved in this					
	offering that may be used in exchange for the						
	issuer pursuant to a merger)			\$0.00		<u>\$0</u>	.00_
	Repayment of indebtedness			\$0.00	. 🗆		<del></del>
	Working capital			\$0.00		\$6	<u>,451,983.63</u>
	Other (specify):						
				\$0.00		<u>\$0</u>	.00_
	Column Totals			\$0.00		\$6	451,983.63
	Total Payments Listed (column totals added).				\$6,451,983	.63	
		D. FEDERAL SIGNATURE		<del></del>			<del></del>
ol	e issuer has duly caused this notice to be signed lowing signature constitutes an undertaking by the staff, the information furnished by the issuer to an	issuer to furnish to the U.S. Securities and Exc	han	ge Comn	nission, upon writt		
ss	uer (Print or Type)	Signature		Ī	Date		<del></del>
C	alypto Design Systems, Inc.				September // , 2	008	
la	me of Signer (Print or Type)	Title of Signer (Print or Type)					<del> </del>
CI	hristopher L. Kaufman	Secretary					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

